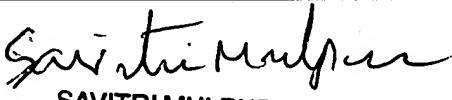


<b>Issue Classification</b> 	Application No.	Applicant(s)
	10/716,783	MEARS ET AL.
	Examiner	Art Unit
	Savitri Mulpuri	2812

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
438	479	438	162    301    47
INTERNATIONAL CLASSIFICATION			
H	O	I	L
		21/20	
		/	
		/	
		/	
		/	
(Assistant Examiner) (Date) <i>Savitri Mulpuri</i> SAVITRI MULPURI PRIMARY EXAMINER (Primary Examiner) (Date)			
Total Claims Allowed: 28 O.G. Print Claim(s) 1 O.G. Print Fig. 4			
(Legal Instruments Examiner) (Date)			

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	31	61	91	121	151	181	181
2	32	62	92	122	152	182	182
3	33	63	93	123	153	183	183
4	34	64	94	124	154	184	184
5	35	65	95	125	155	185	185
6	36	66	96	126	156	186	186
7	37	67	97	127	157	187	187
8	38	68	98	128	158	188	188
9	39	69	99	129	159	189	189
10	40	70	100	130	160	190	190
11	41	71	101	131	161	191	191
12	42	72	102	132	162	192	192
13	43	73	103	133	163	193	193
14	44	74	104	134	164	194	194
15	45	75	105	135	165	195	195
16	46	76	106	136	166	196	196
17	47	1	77	107	137	167	197
18	48	2	78	108	138	168	198
19	49	3	79	109	139	169	199
20	50	4	80	110	140	170	200
21	51	5	81	111	141	171	201
22	52	6	82	112	142	172	202
23	53	7	83	113	143	173	203
24	54	8	84	114	144	174	204
25	55	9	85	115	145	175	205
26	56	10	86	116	146	176	206
27	57	11	87	117	147	177	207
28	58	12	88	118	148	178	208
29	59	13	89	119	149	179	209
30	60	14	90	120	150	180	210

<b>Issue Classification</b> 	Application No.		Applicant(s)	
	10/716,783		MEARS ET AL.	
	Examiner		Art Unit	
	Savitri Mulpuri		2812	

ORIGINAL			CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
438	162	438	479	301	47			
INTERNATIONAL CLASSIFICATION								
H	O	I	L	21/20	/	/	/	/
(Assistant Examiner) (Date)			 <b>SAVITRI MULPURI</b> <b>PRIMARY EXAMINER</b> (Primary Examiner)			Total Claims Allowed: 28		
(Legal Instruments Examiner) (Date)			(Date)			O.G. Print Claim(s)	O.G. Print Fig.	
						1	4	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1		31		15	91	121	
2		32		16	92	122	
3		33		17	93	123	
4		34		18	94	124	
5		35		19	95	125	
6		36		20	96	126	
7		37		21	97	127	
8		38		22	98	128	
9		39		23	99	129	
10		40		24	100	130	
11		41		25	101	131	
12		42		26	102	132	
13		43		27	103	133	
14		44		28	104	134	
15		45		29		135	
16		46		30		136	
17		47	1	77		137	
18		48	2	78		138	
19		49	3	79		139	
20		50	4	80		140	
21		51	5	81		141	
22		52	6	82		142	
23		53	7	83		143	
24		54	8	84		144	
25		55	9	85		145	
26		56	10	86		146	
27		57	11	87		147	
28		58	12	88		148	
29		59	13	89		149	
30		60	14	90		150	
				120		180	